	f	OF no persons are required to respond)8Rec'd P	CT 20 APR 2009 PTO/SB/21 (12-97) rademark Office: U.S. DEPARTMENT OF COMMERCE formation unless it displays a valid QMB control number				
(2)	ork Reduction Act of 19	95, no persons are required to respond Application Number	to a collection of information unless it displays a valid OMB control number. 10/541,009					
(APR 20 2009 &		Confirmation Number						
K. /	TTAL	Filing Date	with an effe 2003	with an effective filing date of December 17, 2003				
FORM	1	First Named Inventor	Rémy SCHI	MIDT				
(to be used for all corresponden	ce after initial filing)	Group Art Unit	1797					
		Examiner Name	Charles E. Cooley Fax: (571) 273-8300					
Total No. of Pages in this Sub	mission:19	Attorney Docket Number	METPAT P7	8AUS				
ENCLOSURES (check all that apply)								
Fee Transmittal Form (in Duplicate)	[1]	☐ Assignment papers (for an Application)	0	☐ After Allowance Communication to Group				
. ■ Fee attached - Che	eck \$1,096.00	□ Drawing(s)Annotated Sł Replacement Sh	neet(s)[] neet(s)[]	☐ Appeal Communication to Board of Appeals and Interferences []				
■ Amendment/Response	[12]	☐ Licensing-related Papers		□ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □				
- After Final		☐ Petition Routing Slip (PTC)/SB/69)					
☐ Affidavits/decla	• • •	and Accompanying Petition (DELETED - no long	n jer useful)					
■ Extension of Time Requ (in Duplicate)	uest [1]	☐ To Convert a Provisional f	Petition[]	Status Letter				
□ Express Abandonment	Request	☐ Power of Attorney, Revoce Change of Correspondence	ation	Additional Enclosure(s) (please identify below):				
☐ Information Disclosure	□ Information Disclosure Stmt			Request for Continued Examination [1]				
☐ Certified Copy of Priority		☐ Terminal Disclaimer ☐ Small Entity Statement .		Postcard				
☐ Response to Missing Part/s Incomplete Application		☐ Request for Refund	0					
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53								
REMARKS								
	SIGN	ATURE OF APPLICANT, ATTC	RNEY, OR AGE	ENT				
Firm or Individual Name	Michael J. Bujol DAVIS & BUJO	d LD, P.L.L.	2	Reg. No. 32,018 CUSTOMER NO. 020210				
Signature	ha	Cal Bughe						
Date April 8, 2009								
		CERTIFICATE OF MA	ILING					
I hereby certify that this comail in an envelope addre	orrespondence is b ssed to: Commiss	peing deposited with the United sioner for Patents, P. O. Box 14	States Postal S 50, Alexandria,	Service with sufficient postage as first class VA 22313-1450 on <u>April 8, 2009</u> .				
Signature		01010		Date: April 8, 2009 (amp)				
Signature	_ (Cle	cur / sopr		Date. April 0, 2003 (amp)				

Telephone (603) 226-7490

Date: April 8, 2009

PTO/SB/17 (10-07)

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of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to r Effective on 12/08/2004.					red to re	respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Fees-pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					3).	Complete il Known					
FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27						Application No. Filing Date First Named Inven Examiner Name Art Unit	tor	December Rémy SCH Charles E.	ctive filing date of 17, 2003 MIDT		
A /						Attornay Dealret N		1797			
METHOD OF PAYMENT: \$1,096.00 Attorney Docket No. METPAT P78AU									76AUS		
METHOD	OF FATIVENT (CHECK all tha	арріу)									
Check	☐ Credit Card ☐Money Orde	er 🗆None	☐ Other (pl	lease identify	y):						
■ Depos	it Account Deposit	Account N	umber <u>04</u> -	0213		Deposit Account Na	ame:_DA\	VIS & BUJOLD, P.L	.L.C		
For the al	bove-identified deposit accour	it, the Dire	ctor is hereb	y authorized	to: (ch	neck all that apply)					
	☐ Charge fee(s) indicated be	elow			Charge	e fee(s) indicated be	low, exce	pt for the filing fee			
•	■ Charge any additional feet under 37 CFR 1.16	(s) or unde	rpayments o	of fee(s)	Credit	any overpayments					
WARNIN card info	G: Information on this form ormation and authorization o	may beco	me public. 38.	Credit card	l inforn	nation should not l	be include	ed on the this form	. Provide credit		
FEE CAL	CULATION							•			
1.	1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FILING F			ARCH	FEES	EXAMIN	ATION FEES			
	Application Type	Fee (\$)	Small Entity Fee (\$)	Y	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	Fees Paid (\$)		
	Utility	330	165	_ <u></u>		270	220	110			
	Design	220	110	100		50	140	70			
	Plant	220	110	330	0	165	170	85			
	Reissue	330	165	540	0	270	650	325			
	Provisional	220	110	0)	0	0	0			
2.	EXCESS CLAIM FEES							Small E			
	Fee Description Each claim over 20 (including	n Reissues	1				<u>Fee (\$)</u> 52	<u>Fee (\$</u> 26)		
	Each independent claim over		-	1			220	110			
	Multiple dependent claims	o (moladii	ig recissues,	,			390	195			
	Multiple dependent claims										
	Total Claims 23 -20 or HP =	Extra Cla		ee (\$) 52 =		Fee Paid (\$) 156.00		Multiple Depender Fee (\$)	<u>nt Claims</u> Fee Paid (\$)		
	Indep. Claims -3 or HP +	Extra Cla	nims <u>F</u>	ee (\$) \$220/\$110	=	Fee Paid (\$)					
	HP = highest number of inde	pendent cl	aims paid for	r, if greater th	han 3.						
3.	APPLICATION SIZE FEE If the specification and drawin the application size fee due 37 CFR 1.16(s).	igs exceed is \$260 (\$	100 sheets of 130 for small	of paper (exc II entity) for e	cluding each a	electronically filed sodditional 50 sheets	equence of or fraction	r computer listings u thereof. See 35 U	nder 37 CFR 1.52(e)), l.S.C. 41(a)(1)(G) and		
	<u>Total Sheets</u> 100 =	Extra Sh / 50 =				nal 50 or fraction the le number) x	reof \$270/\$1	<u>Fee (\$)</u>	d (\$)		
4.	OTHER FEE(S)								Fees Paid (\$)		
								\$130.00 \$810.00			
SUBMIT	TED BY		0								
I IIVIOUS I	1								•		

Registration No. (Atty/Agent) 32,018

Signature

Name (Print/Type)

Michael J. Bujold

PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fee <u>s purs</u> uant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						Complete if Known				
FEE TRANSMITTAL For FY 2008 Applicant claims mall entity status. See 37 CFR 1.27						Application No. Filing Date First Named Inve Examiner Name Art Unit	ntor	10/541,009 with an effe December Rémy SCH Charles E. 1797	ective filing date of 17, 2003 MIDT	
TAL A	MOUNT PAYMENT: \$1,0	96.00				Attorney Docket	No.	METPAT P	78AUS	
METHOD	OF PAYMENT (check all that	t apply)			<u>.</u>					
≜ Check	☐ Credit Card ☐Money Orde	er □None	☐ Other ((please ider	ntify):					
	·		umber0			Deposit Account N	lame: DAVIS	S & BUJOLD, P.L	.L.C	
•	bove-identified deposit accour			_	zed to: (ch	eck all that apply)				
	☐ Charge fee(s) indicated be	elow			☐ Charge	fee(s) indicated b	elow, except	for the filing fee		
-	■ Charge any additional fee under 37 CFR 1.16	(s) or unde	erpayments	of fee(s)	■ Credit a	any overpayments				
WARNIN card info	G: Information on this form rmation and authorization o	may beco	ome public 38.	c. Credit ca	ard inform	nation should not	be included	on the this form	. Provide credit	
FEE CAL	CULATION							***		
1.	BASIC FILING, SEARCH, AN	ND EXAMI	NATION F	EES						
		FILING F	FES		SEARCH	FEES	EXAMINAT	ION FEES		
	Application Type	Fee (\$)	Small En Fee (\$		Fee (\$)	Small Entity Fee (\$)		Small Entity Fee (4)	Fees Paid (\$)	
	Utility	330	165		540	270	220 1	10		
	Design	220	110		100	50	140	70		
	Plant	220	110		330	165	170	85		
	Reissue	330	165		540	270	650 3	25		
	Provisional	220	110		0	0	0	0		
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (including	•	•				Fee (\$) 52	Small E Fee (\$ 26		
Each independent claim over 3 (including Reissues) 220 110										
	Multiple dependent claims						390	195		
	Total Claims -20 or HP =		aims x _	Fee (\$) \$52 =		Fee Paid (\$) 156.00		<u>//ultiple Depender</u> Fee (\$)	ultiple Dependent Claims ee (\$) Fee Paid (\$)	
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3.	APPLICATION SIZE FEE If the specification and drawir the application size fee due 37 CFR 1.16(s).	igs exceed is \$260 (\$	l 100 sheet 130 for sm	s of paper (nall entity) f	excluding of each ac	electronically filed s dditional 50 sheets	sequence or c or fraction th	omputer listings u nereof. See 35 U	nder 37 CFR 1.52(e)), .S.C. 41(a)(1)(G) and	
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4.	OTHER FEE(S)								Fees Paid (\$)	
	Other (e.g., late filing surch	arge): <u>Pe</u> <u>Rec</u>	etition for C	One Month	Extensio Examinat	n of term			\$130.00 \$810.00	
SUBMITT	red BY		1							
Signature		Od	1/2	200				Telephone (6	603) 226-7490	
Name (Print/Typ		J. Bujold		7		Registration No. (Atty/Agent) 32	2,018	Date: April 8,	2009	